

*Supra Pubic Fistulæ of Urinary Bladder.*—Dr. H. C. WOOD, Jr., read the following history of this case:—

M. M., æt. 25, a cripple from antero-posterior curvature of the spine, in the out wards of the Philadelphia Almshouse, called my attention about the first of August, 1862, to a swelling which resembled a tumour rising up out of her pelvis and reaching nearly to her umbilicus. She said that it was about the same size as when she first noticed it several days before. She made no complaint of inability to pass her water, and refused either to go to the hospital or to submit to an examination. The tumour was not very distinctly separable from the abdominal walls. It was moderately tender to pressure. A day or two after this I left the house temporarily and was absent about a month. After my return I found that the swelling had ulcerated anteriorly through the abdominal walls and discharged several pints of a grumous fluid. She now consented to go to the hospital where she lived six weeks. After the perforation she never passed her urine *per vias naturales*, and said that she had had great difficulty in passing it previously, although the retention appeared never to have been complete. She died of pneumonia supervening on exhaustion.

*Autopsy.*—The cadaver was very much emaciated. There was an ulcer about three lines in diameter two inches below the umbilicus. The cavity of the thorax was very much lessened by the deformity of the spine. The lungs were strongly attached to the thoracic walls by old pleuritic adhesions. The parenchyma was congested and the lower lobe of the left hepatised. Their pericardium was completely adherent to the heart. There was no marked valvular disease. The liver was normal. There was in the walls of the abdomen a large cavity extending down in front of the pubis. Its surface was coated with a thick deposit of amorphous salts, principally urates. With this abscess the bladder communicated by a small ulcer with sharp defined edges, similar to those of a perforating ulcer of the stomach. The opening was at the fundus of the bladder. The walls of the latter viscus were very greatly hypertrophied. The urethra was apparently imperforate. The uterus was normal with the os well formed, but across the upper portion of the vagina stretched a thick fibrous partition. One of the kidneys was normal for about two-thirds its bulk, but the other third was very much contracted, the two parts being separated by a well-defined line. The diseased structure was not granular, but was very dense and firm, and somewhat semi-translucent. In it were several large and freely intercommunicating cavities. No tubules could be found in it, only indistinctly fibrous and amorphous tissue.

*Nov. 25. Syphilitic Caries of the Hyoid Bone.*—Dr. N. W. KING exhibited the specimen and read the following history of the case:—

Michael Timney, seaman, æt. 30, was admitted into the hospital of the U. S. Naval Asylum from the U. S. Gunboat "Albatross," August 31st, 1863. Affected, according to the diagnosis on his hospital ticket, with asthma. At the time of admission the patient was much emaciated; suffered with a severe cough and profuse purulent expectoration, intense dyspnœa and acute pain in the region of the hyoid bone, augmented by pressure and on swallowing. His cough at this period was peculiar and characteristic, producing a sound similar to that elicited by coughing through a metallic tube. In addition to the symptoms above enumerated, he also had a large ulcer on the upper lip. After a careful examination of the patient the following facts were obtained, which have thrown a gleam

of light on what seemed to be an extremely obscure case. He confesses to have suffered with primary syphilis some six years previous to present illness. The cicatrix of the chancre was examined, and I have no reason to believe, from the inspection, that the ulcer belonged to the class of infecting chancres. According to his statement (for the accuracy of which I am not responsible), no consecutive symptoms ever occurred, and no constitutional symptoms were made manifest until the present time. The present affection originated some nine months ago on board the steamer "Albatross" in the Mississippi River. He states that it originally commenced as an ordinary catarrh and with decided aphonia. This condition continued for some months, with the addition of severe attacks of dyspnoea and paroxysmal attacks of coughing. The disease progressed rapidly, and he was sent to this hospital in August last, in what was considered a hopeless condition. On admission he was put on tonics: Oleum morrhuae, iodide of iron, porter, and nutritious diet. Under this treatment he improved rapidly, gaining strength and flesh, and losing his cough and hoarseness to a certain extent. On the 18th of September, during a severe paroxysm of coughing, he expectorated a fragment of bone. He complained at that time of intense pain in the region of the greater cornua of hyoid bone of right side. I may here make mention of the fact that his expectoration has always been extremely fetid. On the 24th of September another fragment of bone was expelled. Since that time, as the patient's general health had so much improved, he was put upon the use of Donovan's solution, with great benefit. Hoarseness much mitigated and cough not only improved in frequency but in character. As he will be unfit for active duty for a long time, he has been discharged from the naval service. From the history of the case, which has been most carefully studied, I am of the opinion that he is suffering with ulceration of the laryngeal cartilages and caries of the hyoid bone; both conditions, in all probability, resulting from the syphilitic taint.

*Dec. 9. Phthisis.*—Dr. H. C. Wood, Jr., read the following history of this case:—

M. L., æt. about 35. She came into the medical wards of the Philadelphia Hospital, April 3d, 1862, with the following history: She had been failing for a month, had lost her appetite and strength. A week previously to her entrance she had a chill, since which time she had rapidly grown worse. She stated that she had had bleeding from the nose. At the time of her entrance, her condition was as follows: her abdomen was slightly tympanitic, and she had diarrhoea; her strength was not much; her mind was clear. In my notes I find the following entries: April 4th. Both lungs full of bronchitic rales; coarse crepitation at the bottom of right lung; breathing, 24 per minute; pulse, 102. April 5th. Crepitant rale in left lung, with coarse respiration; pulse, 108; breathing, 24. Tongue very dry, red and chapped. April 6th. Lungs very resonant on percussion anteriorly. Left lung, slight crepitation. Right lung, crepitation extending over lateral and lower portions. Tongue dry, chapped, and red in the centre, with a yellowish fur exteriorly, and its edges moist and red. Right clavicular region, slight dulness and prolonged respiration. April 12th, patient lying in a state of stupor. Pulse very thready and frequent. April 13th, patient dead.

There was one very marked character belonging to the physical signs, and that was their indefiniteness; the crepitation was a rale heard only in